

The Office of Science

Follow these instructions to complete the Budget Form that you submit with your Progress or Final Report. The Budget Form follows these instructions.

Budget Form Instructions by Section:

RESEARCH & RELATED BUDGET – SECTION A&B

Base Salary

Enter the annual compensation paid by the employer for each senior/key personnel. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank.

Level of Effort

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

Requested Salary

Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. **This field is required.**

Fringe Benefits

Enter applicable fringe benefits, if any, for each senior/key person. **This field is required.**

Funds Requested Section A

The requested salary & fringe benefit for each senior/key person. **This field is required.**

Additional Senior Key Persons

If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information and attach as a file in the “add attachment block”. Enter the total funds requested for all additional senior/key persons in line 9 of Section A.

Funds Requested Sections A & B

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.

RESEARCH & RELATED BUDGET – SECTION C, D, & E

Equipment Item

Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more [unless the organization has established lower levels] and an expected service life of more than one year. List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.

Equipment Funds Requested

List the estimated cost of each item of equipment including any required tax. Also include shipping and any maintenance and maintenance agreement costs. Dollar amount for each individual equipment items should exceed \$5,000. Items under \$5,000 must be listed under the “Materials and Supplies” budget category.

Travel Funds Requested

Identify the total funds requested for foreign and domestic travel. Domestic travel includes Canada, Mexico and US Possessions. In the budget justification section, include purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

Participant/Trainee Tuition/Fees/Health Insurance

List total funds requested for participant, trainee tuition, fees and health insurance for the total number of trainees requested. This is not to be used for conference participant costs.

RESEARCH & RELATED BUDGET – SECTION F-K

Materials and Supplies

List total funds requested for materials & supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.

Publication Costs

List the total publication funds requested. The proposal budget may request funds for the costs of documenting, preparing, publishing or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification include supporting information.

Consultant Services

List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

ADP/Computer Services

List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.

Sub-awards/Consortium/Contractual Costs

List total funds requested for 1) all sub-award/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project. A detailed budget justification must be submitted for each sub award or sub contract as well as a budget form for each period of support requested.

Equipment or Facility Rental/User Fees

List total funds requested for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental user fee and justify.

Alterations and Renovations

List total funds requested for Alterations & Renovations. In the budget justification, itemize, by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

Items 8 through 10

Provide budget costs for “Other” funds needed to conduct the project. Be sure to provide a written Justification for these costs in the narrative portion of the budget.

Indirect Costs

Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate “None-will negotiate” and include information for a proposed rate. Use the budget justification if additional space is needed. However, Office of Science does not allow payment for indirect costs on conference or meeting awards.

Indirect Costs Rate

Indicate the most recent Indirect Costs rate(s) that are also known as Facilities & Administrative Costs (F&A) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.

Indirect Cost Base

Enter the amount of the base for each indirect cost type.

Indirect Costs - Funds Requested

Enter funds requested for each indirect cost type.

Cognizant Federal Agency

Enter the name of the cognizant Federal Agency, name & phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter “None”.

Fee

Generally, a fee is not allowed on a grant or cooperative agreement. However, 10 CFR part 605 does allow for payment of a fee under certain circumstances. See Section 605.15 for further information.

Budget Justification Page(s)

Provide written budget narrative that contains a justification for each budget category completed. Justification is also required for costs requested in each additional period of support requested.

Use the budget justification to provide required information for each request made in each budget category identified above and any other information you wish to submit to support your budget request.

This field is required.

Cumulative Budget Page

This page must contain the total budget costs by category for the entire requested period of support. This page is required even if you only request one period of support. In completing this part of the form make sure that a written justification for all requested budget items is included and properly attached to the e-mail transmitting the budget forms and narrative justification to the Office of Science Program Manager.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date:

Budget Period:

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Total Funds requested for all Senior Key Persons in the attached file												<input type="text"/>
												Total Senior/Key Person	<input type="text"/>

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Total Number Other Personnel						Total Other Personnel <input type="text"/>
Total Salary, Wages and Fringe Benefits (A+B)							<input type="text"/>

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period:

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2.	Foreign Travel Costs	<input type="text"/>
	Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	<input type="text"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text"/>
4.	Subsistence	<input type="text"/>
5.	Other	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	<input type="text"/>
	Total Participant/Trainee Support Costs	<input type="text"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD

* ORGANIZATIONAL DUNS:

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period:

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs				<input type="text"/>

Cognizant Federal Agency
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	<input type="text"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		<input style="width: 100%;" type="text"/>
Section B, Other Personnel		<input style="width: 100%;" type="text"/>
Total Number Other Personnel	<input style="width: 100%;" type="text"/>	
Total Salary, Wages and Fringe Benefits (A+B)		<input style="width: 100%;" type="text"/>
Section C, Equipment		<input style="width: 100%;" type="text"/>
Section D, Travel		<input style="width: 100%;" type="text"/>
1. Domestic	<input style="width: 100%;" type="text"/>	
2. Foreign	<input style="width: 100%;" type="text"/>	
Section E, Participant/Trainee Support Costs		<input style="width: 100%;" type="text"/>
1. Tuition/Fees/Health Insurance	<input style="width: 100%;" type="text"/>	
2. Stipends	<input style="width: 100%;" type="text"/>	
3. Travel	<input style="width: 100%;" type="text"/>	
4. Subsistence	<input style="width: 100%;" type="text"/>	
5. Other	<input style="width: 100%;" type="text"/>	
6. Number of Participants/Trainees	<input style="width: 100%;" type="text"/>	
Section F, Other Direct Costs		<input style="width: 100%;" type="text"/>
1. Materials and Supplies	<input style="width: 100%;" type="text"/>	
2. Publication Costs	<input style="width: 100%;" type="text"/>	
3. Consultant Services	<input style="width: 100%;" type="text"/>	
4. ADP/Computer Services	<input style="width: 100%;" type="text"/>	
5. Subawards/Consortium/Contractual Costs	<input style="width: 100%;" type="text"/>	
6. Equipment or Facility Rental/User Fees	<input style="width: 100%;" type="text"/>	
7. Alterations and Renovations	<input style="width: 100%;" type="text"/>	
8. Other 1	<input style="width: 100%;" type="text"/>	
9. Other 2	<input style="width: 100%;" type="text"/>	
10. Other 3	<input style="width: 100%;" type="text"/>	
Section G, Direct Costs (A thru F)		<input style="width: 100%;" type="text"/>
Section H, Indirect Costs		<input style="width: 100%;" type="text"/>
Section I, Total Direct and Indirect Costs (G + H)		<input style="width: 100%;" type="text"/>
Section J, Fee		<input style="width: 100%;" type="text"/>

NOTE: Make sure your email is addressed to the SC program manager and that you attach all additional pages that should contain extra budget items and the required written budget item justification.